

**COURT NOTICE OF YOUR RIGHT**  
**To Claim Unpaid Wages for Work Performed at**  
**The Burke Center for Youth – Pathfinders Ranch.**

**What Is This About?**

Two former residents at the residential treatment center Pathfinders Ranch in Driftwood, Texas, filed a lawsuit against the Burke Foundation, the organization that runs Pathfinders, alleging that the Burke Foundation violated a law called the Fair Labor Standards Act because:

- Residents at Pathfinders were not paid when they performed Work Projects or other work assignments (not including regularly assigned chores).

If, in addition to your required daily chores, you engaged in unpaid “Work Projects” and/or work assignments while residing and receiving treatment at Pathfinders Ranch, and if you were 21 years old or younger as of August 15, 2020, ***this is your notice to file a claim.***

The Burke Foundation denies that it was required to pay residents when they performed non-chore work assignments. The Court will not decide who is right until later. Current and former residents may or may not receive money as a result of this lawsuit.

**What Happens if I File a Claim?**

If you file a claim and the residents prevail, you may receive money.

If you file a claim and the residents lose, you will lose any right to receive money from the Burke Foundation for the Fair Labor Standards Act violations at issue in this lawsuit.

If you file a claim, may have to provide evidence and testify at court, but you *will not* have to pay the lawyers *anything* out of your pocket.

It is *illegal* for the Burke Foundation to threaten or retaliate against you for participating in this lawsuit.

**What Happens if I Don’t File a Claim?**

This lawsuit will not affect you and you will not share in a recovery if there is one.

**Why Am I Receiving This Notice?**

The Court ordered the Burke Foundation to provide a list of current and former residents who may have performed non-chore work assignments, along with contact information for those residents.

**How Do I File a Claim?**

- Fill out the Consent and Information forms, and
- Return the attached forms by mail or email.

***You must return the forms by \_\_\_\_\_.***

**What if I Have Questions?**

For more information, contact the attorney of your choice or the attorneys who represent the former residents who brought this lawsuit:

**Rebecca Eisenbrey, Attorney**  
**EQUAL JUSTICE CENTER**  
**(512) 559-4641 (Call or Text)**  
[reisenbrey@equaljusticecenter.org](mailto:reisenbrey@equaljusticecenter.org)  
[www.equaljusticecenter.org](http://www.equaljusticecenter.org)  
[www.facebook.com/EJCjustice](https://www.facebook.com/EJCjustice)

**Ted Evans, Attorney**  
**DISABILITY RIGHTS TEXAS**  
**(832) 681-8224**  
[tevans@disabilityrightstx.org](mailto:tevans@disabilityrightstx.org)  
[www.disabilityrightstx.org](http://www.disabilityrightstx.org)  
[www.facebook.com/DisabilityRightsTx](https://www.facebook.com/DisabilityRightsTx)

***The call is free and confidential.***

**The United States District Court for the Western District of Texas (Austin Division)**  
**authorized this Notice but takes no position on the merits of the case.**

**CONSENT TO JOIN FLSA UNPAID WAGES LAWSUIT**

I agree to join the lawsuit filed by T.S. and G.A. (“Named Plaintiffs”), on behalf of themselves and all other residents with the same or similar claims, alleging they are entitled to recover unpaid wages, liquidated damages, attorney’s fees, and costs from the Burke Foundation pursuant to the Fair Labor Standards Act (“FLSA”).

I agree to allow Named Plaintiffs to make decisions on my behalf on the FLSA claims in this case, including decisions about entering into settlement agreements, decisions about entering into agreements with Plaintiffs’ counsel concerning attorney’s fees and costs, and all other decisions that Named Plaintiffs need to make in this litigation.

I understand that Named Plaintiffs have entered into a Representation Agreement (“the Agreement”) with the Equal Justice Center and Disability Right Texas (“the Law Firms”), and I agree to be bound by it. I understand that I can request a copy of the Agreement from the Law Firms.

I understand and agree that the Law Firms or Named Plaintiffs may in the future appoint other individuals to be Named Plaintiffs. I also understand and agree that this consent may be used in the current case or in any subsequent case that may be filed on my behalf for the same issues.

By choosing to file this consent, I understand that, with respect to the FLSA claims at issue in this lawsuit, I will be bound by the judgment of the Court and any settlement that may be negotiated on behalf of all Plaintiffs, including myself.

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Signature of Individual or Individual’s Legally Authorized Representative

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Printed Name

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Date

*If executed by a legally authorized representative, please specify your relationship to the minor:*

☐ Parent    ☐ Guardian    ☐ Other: \_\_\_\_\_

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:**

This information will not be made part of any public record and is necessary for your attorney's files for litigation and possible settlement purposes.

Name of Resident Worker : \_\_\_\_\_

Nicknames or AKAs: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Time at Pathfinders Ranch: from \_\_\_\_\_ to \_\_\_\_\_

Name of Guardian (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred Method of Communication (select one or more):

☐ Phone Call   ☐ Text Message   ☐ Email   ☐ Other: \_\_\_\_\_

1. Complete, sign, and mail *OR* e-mail this Consent Form to:

Rebecca Eisenbrey  
Equal Justice Center  
314 E. Highland Mall Blvd., Ste 401  
Austin, Texas 78752  
E-mail: [reisenbrey@equaljusticecenter.org](mailto:reisenbrey@equaljusticecenter.org)

2. For more information, contact the attorney of your choice or the resident workers' attorneys. *A call to the former residents' attorneys is free and confidential.*